

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INFORMATION FOR COMPLETING TANNING DEVICE REGISTRATION APPLICATION**

Tanning Device Registration:

- No person may operate a tanning facility without a permit issued by the Department of Safety and Professional Services (DSPS).
- Permits issued by the DSPS expire annually on June 30.
- A permit holder shall notify the DSPS in writing of any changes in information that appears on the permit, such as facility ownership, business status, or address within 30 days after the change.
- No permit issued by the DSPS may be transferred from one person to another or from one facility to another.
- Multiple tanning devices at a single location and under the control of one person may be considered a single registration and only one registration fee is required. If the devices are located at separate addresses, it will be necessary to consider each location as a separate registration. One application form and fee are required for each registration.

License Application Process:

1. **Submit completed application (Form #3175)** and applicable fee(s).

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

TANNING DEVICE REGISTRATION APPLICATION FORM

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Primary Business Type: <input type="checkbox"/> Tanning <input type="checkbox"/> Cosmetology <input type="checkbox"/> Health and Fitness <input type="checkbox"/> Other <input type="text"/>			
Facility Name <input type="text"/>			
Facility Address (street, city, state, zip) <input type="text"/>		Facility Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		or Federal Employer Identification# <input type="text"/> - <input type="text"/>	
Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.			
Email Address <input type="text"/>			
Name of Facility Operator <input type="text"/>		Title of Facility Operator <input type="text"/>	
Number of Tanning Devices <input type="text"/>			
Device Brand Name	Model Number	Device Brand Name	Model Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Facility Operator <input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

☐ Tanning Device Registration
\$10.00 Total Fee Attached

For Receipting Use Only (182/181)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ Application (**Form #3175**) and appropriate fee

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /